



## **ST FINBARR'S SCHOOL**

### **FOOD ALLERGY POLICY**

#### **CONTEXT**

St Finbarr's Catholic Primary School, catering for boys and girls from Prep to Year 6, is located in the Brisbane suburb of Ashgrove and is an educational ministry of the Catholic Parish of St. Finbarr's Ashgrove, forming part of the Brisbane Archdiocesan system of schools. The focus of our labours "in faith and Love" is on the education of our children.

#### **VALUES**

Our school community aims to ensure that the 'uniqueness of each person is welcomed and valued'. A challenge for our community then is the increasing prevalence of children with a food allergy. Due to the life-threatening nature of these allergies, our school community must take the appropriate action to ensure the successful and safe inclusion of these children within our school. We hold a legal duty of care to ensure the safety and well-being of all children enrolled within our school.

#### **STATEMENT OF POLICY**

St. Finbarr's School Ashgrove is an Allergy Aware School where the health and safety of our students is paramount. Enrolled within our school are a number of students with life threatening food allergies. The basis of our approach is risk minimisation and education.

#### **Aims:**

The St Finbarr's School Ashgrove Food Allergy Policy aims to:

- Safely support, within the school environment, students with severe allergies and anaphylaxis.
- Develop and maintain a school action and implementation plan when dealing with students who have critical life-threatening allergies.
- Provide a position for the community on food management, hygiene, safe food handling, parent education, student education and tuckshop and classroom protocols to proactively and reactively support these students.

#### **Prevalence of food allergies**

Food allergies affect approximately 1 in 50 children and it is likely that at school children will encounter and may accidentally ingest the one of the many products which causes an allergic reaction. Students with a food allergy may react to tactile (touch) exposure or inhalation exposure. Not every ingestion exposure will result in anaphylaxis but the potential always exists. Whilst peanut allergy is the most likely to cause anaphylaxis and death, eight foods (peanut, tree nut, milk, egg, soy, wheat, fish and shellfish) account for the vast majority of total food allergies.

When the symptoms to the allergic reaction are widespread and systemic, the reaction is termed “anaphylaxis”. Anaphylaxis is the most severe and sudden form of allergic reaction and should be treated as a medical emergency.

### **Symptoms of food allergies**

Symptoms and signs of anaphylaxis, usually but not always, occur within the first 20 minutes after exposure but can in some cases be delayed for two hours or more. Symptoms and signs may include one or more of the following:

- Difficulty and/or noisy breathing.
- Swelling of the tongue.
- Swelling or tightness in the throat.
- Difficulty talking or a hoarse voice.
- Wheeze or persistent cough
- Dizzy/light headed
- Loss of consciousness and/or collapse
- Pale and floppy (young child).

### **PREVENTION STRATEGIES**

#### ***School Community***

- As an “Allergy Aware School” no peanuts, peanut paste, peanut butter (including “dippers”), nuts, “Nutella” spread or nutty muesli bars are permitted within the school.
- The school tuckshop will not sell nut products. Any products that may contain nut traces will be clearly identified as such. Families who supply home-baking for tuckshop will be reminded of this through the school newsletter. We would ask for and encourage providing a list of ingredients of home bake to be provided to the tuckshop.
- New families are informed of this policy when starting at the school, with reminders published regularly in the newsletter, at our Orientation Day and on our Parent Information nights.

#### ***Students***

- Education about food safety and the seriousness and potential life-threatening nature of allergies takes place within the classroom environment. Staff training -as part of the KLA-Health Physical Education – staff will be in serviced.
- Students are encouraged to wash hands after eating and soap dispensers are provided.
- If any potentially harmful food is brought to school by mistake children are encouraged to inform the classroom or duty teacher so that risks may be minimised.
- All students are reminded that it is best not to share or swap food.
- Any inappropriate behaviour relating to an “at risk” student’s food allergy will be taken seriously and dealt with immediately by the teacher on duty and reported to a member of the Administration Team.

#### ***Staff***

- School staff will undergo regular anaphylaxis first aid training including the identification of signs and symptoms of an allergic reaction and use of appropriate medication to cater for these situations. Eg: EpiPen.
- Individual anaphylaxis plan posters for children with a food allergy are posted in the staff room, sick bay and in the classrooms of ‘at risk’ students. The medical details, including a photograph, of each child with a food allergy will also be contained in each of the two

'Medical Alert' folders. Regular and relief staff are expected to familiarise themselves with these.

- EpiPen and anaphylaxis plan kits are required to be taken to school excursions and sporting events. A mobile or other communication device must be available on each trip for emergency calls.
- School staff are requested to avoid bringing peanut paste or nuts in school in keeping with the whole school policy.
- The school staff must make parents aware of atypical school occasions (as children get older there are more occasions when food will just arrive without notice) and events where changes to exposure to allergy foods are increased. These include, but are not limited to: student birthdays/farewells when parents might bring in cakes or iceblocks for the class; sport or swimming carnivals, school dances and other events not held at the school premises where food supervision is more difficult and students use outside tuckshops; craft days; class market stalls; class celebrations; sausage sizzles; fundraisers and mission days where students or others may bring and share or sell food brought from home; Christmas and Easter where students and staff may swap chocolates, lollies or presents.

### ***Families of at risk students***

In terms of the child with the allergy, while it is a matter for the parents as to whether the identity of the child with the allergy is revealed to the other students and the parents, it is in the best interests of the child that this occurs. The information about the child's allergies MUST be communicated to all school staff as they would have a responsibility to act if they saw the child exhibiting any of the symptoms described.

### ***Parents should supply:***

- 1 medical kit containing: an EpiPen: an unlaminated colour copy of the child's anaphylaxis plan; any other prescribed medications such as anti-histamine or Ventolin. These will be kept in a prominent position within the staffroom
- 4 anaphylaxis plan posters with colour photos of the child in both uniforms, laminated and signed by the child's doctor. These will be displayed in the sickroom, classroom, tuckshop and staffroom.
- Identification bracelet, wrist band or similar (ie Medicalert bracelet)  
([www.medicalert.com.au](http://www.medicalert.com.au))

Replacing the EpiPen's and other medication required for the treatment of such allergies will be the responsibility of the child's family. It is also advisable to replace photos/anaphylaxis posters every year as the student grows.

### ***Parent/caregivers should:***

- Inform the principal in writing that their child is at risk of anaphylactic reaction.
- Notify the school via an "Action Plan for Anaphylaxis" of any advice from a treating medical practitioner. The action plan must contain a photo of the student, a list of known allergies, parent contact information, symptoms and signs of mild and severe allergic reactions and actions to undertake in the event of an emergency. This plan must be signed by a treating medical practitioner.
- Provide written authorisation for the school to administer the EpiPen or other medication or to assist a child to administer the medication.

- Provide an EpiPen to the school for use with their child. They will need to ensure that the EpiPen is clearly labelled and not out of date, and replace it when it expires or after it has been used.
- Teach and encourage children to self-manage.

#### Planning for the Individual Student: Entry into School

Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with the school to develop an individualised anaphylaxis plan.

#### ***Classroom Protocols/Guidelines***

All teachers, aides, volunteers, students will be educated about food allergies.

All parents/guardians of students in the class to be notified that there is a student/s with a life threatening food allergy and the foods which cause this allergy. Request sent home with a list of foods that must not be brought to school.

#### ***IN CONCLUSION***

At St Finbarr's School Ashgrove we seek to ensure the safety and well being of all members of our school community. We believe an effective partnership between home and school will ensure the successful inclusion of students with life threatening allergies. We are committed to responsible and achievable management practices in reducing foreseeable risks associated with the support of students with anaphylaxis within the school environment.

For more information please see the Queensland Government Department of Education, Training and the Arts document: Severe Allergic Reactions. Interim Anaphylaxis Guidelines for Queensland Schools (<http://education.qld.gov.au/schools/healthy/docs/anaphylaxis.pdf>)